

**Sales Finance/Motor Vehicle Dealer Application****Application Guidelines**

Section 1

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Attention Applicants

This Department will only accept:

- Current application documents
- Legibly completed forms
- Complete application packets.

Refer to the instructions & checklist provided

Make all checks payable to:

“Arizona Department of Financial Institutions”

and

Mail the entire completed application packet all together to:

Arizona Department of Financial Institutions

Licensing Division

2910 N. 44th Street, Suite 310

Phoenix, AZ 85018

Make Copies of Your Entire Application Package Before Submission:

- The Department cannot make copies for you.

and

- If there are questions during the processing of your application, you will have the information available for reference.



Sales Finance/Motor Vehicle Dealer Application

Instructions

Section 2

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Motor Vehicle Time Sales Disclosure Act

Instructions for License Application Under A.R.S. §44–281, *et seq.*

Licensing year is July 1 through June 30.

Sales Finance (“SF”) Application fee is \$800.00.

Motor Vehicle Dealer (“MVD”) Application fee is \$300.00.

Prerequisite

To Submit an Application to the Arizona Department of Financial Institutions you **MUST** have the following completed with the appropriate agencies and a copy of the **approved document(s)** attached to your application.

Application Name: The application name **must be identical on all forms** (e.g., articles, application, trade name certificate, etc.). Failure to submit the required documents **will** delay the processing of your application while these items are being amended.

Arizona State Corporation Commission 1300 W. Washington St., Phoenix, AZ 85007 Telephone (602) 542-3135 or www.cc.state.az.us .	Arizona Secretary of State 1700 W. Washington St., Phoenix, AZ 85007 Telephone (602) 542-6187 or www.azsos.gov
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If You Wish To Apply As A: Contact the Arizona State Corporation Commission.

Do not forward your application to this Department until you have received your approved documents from the Arizona State Corporation Commission and/or the Arizona Secretary of State.

Corporation: You **must** submit an **approved copy** of your articles of incorporation and any amendments thereto with your application.

Foreign Corporation: If your corporation has been incorporated in a state other than Arizona, the corporation must be authorized to conduct business in this state. You **must** submit a copy of the **approved application** for authority and a copy of your Articles of Incorporation from the state for which you are incorporated.

Limited Liability Company: They will assist you in either forming under Arizona law or applying for registration to transact business in Arizona as a foreign limited liability company. You **must** submit an **approved copy** of the articles of organization (for domestic companies) or a copy of the approved registration (for foreign companies) with your application.

OR If You Wish To Apply As A: Contact the Secretary of State.

Partnerships: Limited Partnership’s or Foreign Limited Partnership’s **must** provide an **approved copy** of your partnership agreement.

Sole Proprietorship / Individual: **Must** use his or her own name when filing as an individual, otherwise you must register your dba or trade name, see **Db/Trade Name** below.

Db/Trade Name: To do business under a “dba” or a “trade name”, you must register your dba or trade name. You **must** submit an **approved copy** of your certificate of trade name registration with your application.

Must Read: General Instructions

You cannot conduct the business governed by Arizona Revised Statutes for your license type until a license is issued for each location from which your business operates.



Sales Finance/Motor Vehicle Dealer Application

Instructions

Section 2

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Note to Sales Finance Applicants: If you sell three or more motor vehicles on a non-cash basis as part of a “secondary motor vehicle finance transaction” you are also required to be licensed by this Department as a Motor Vehicle Dealer.

Application: To apply for licensing, complete all forms. Do not leave any questions unanswered. If a question does not apply to you or if, the answer to the question is ‘none’, so state on the application. We do not accept applications that are not completely filled out. ***Make photocopies of the completed forms for your records,*** this department **WILL NOT** provide them for you.

Process Time: The time it takes to process an application is dependent on the completeness and accuracy of the forms submitted. If the submitted forms are not properly completed, they will be returned to you. This may result in a substantial delay. Be sure to review the **CHECKLIST** provided. In the event, your application is returned to you, or if the licensing section requests additional information, your prompt response will help reduce the processing time. **If you fail to provide the necessary information needed** to make our decision within the statutory required time frame, your license application will be withdrawn and you will have to reapply.

License Issued: A license issued prior to or on the renewal date must renew for the new licensing year. You may choose to delay the issuance of the license until the beginning of the new licensing year if you submit your application no more than **thirty (30) days** prior to the new licensing year and your written request of postponement accompanies your application. Licensing year is July 1 through June 30.

Personal History Statement (PH): If the applicant is an individual (s)he must complete the PH document. If the applicant is a corporation, a PH must be completed by each of the (5) highest corporate officers. In the event, the corporation has only one officer, then any manager(s); director(s) or anyone in a managerial/responsible position should also complete a PH. Each member of a Limited Liability Company must complete the PH. The Personal History Statements must be submitted to this department as part of the original application package. *Again, do not leave any questions unanswered.*

Fees: **Application fee** for Sales Finance is \$800.00 and the Motor Vehicle Dealer \$300.00. The non-refundable **application fee** above must be submitted together with the completed application forms.

Please send **pro-rated license fee** along with application to expedite the process.

Pro-rated Quarterly	Sales Finance License Fee	Motor Vehicle Dealer License Fee
July/Aug/Sept.	\$500.00	\$150.00
Oct/Nov/Dec	\$375.00	\$112.50
Jan/Feb/Mar	\$250.00	\$ 75.00
April/May/June	\$125.00	\$ 37.50

Branch Offices / Locations: A license shall be obtained for each separate place of business at or from which a licensee transacts business. Contact this Department for a branch application.

Sales Contract: **Must** be in compliance with the Motor Vehicle Time Sales Disclosure Act as outlined in the Arizona Revised Statutes. You may obtain a retail installment contract from the Arizona Automobile Dealers Association (“AADA”) at 4701 North 24th Street, Suite A2 Phoenix, Arizona 85016 or by phone (602) 468-0888 or 1-800-678-3875.

Dealers License: You must enclose a copy of your Dealers License that was issued by the Arizona Department of Transportation (ADOT).



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Statutes and Rules

Section 3

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A license granted by this Department entitles you to engage in that particular business for which the license is issued.

Be advised, however, that adherence to and compliance with all applicable Statutes and Rules is your responsibility.

Statutes and Rules may be found on the Department's website at azdfi.gov. They may also be obtained at the Main Public Library located at 1221 North Central Ave., Phoenix, or your attorney. Statutes and Rules may be purchased from the Secretary of State at (602) 542-4086 or www.azsos.gov

All fees charged are authorized, pursuant to, A.R.S. Section 6-126.

License Type	Statutes and Rules	Maximum License Issuance Time in Days
Advance Fee Loan Brokers	A.R.S. Section 6-1301 through 6-1310	60
Collection Agencies	A.R.S. Section 32-1001 through 32-1057 Rules R20-4-1501 through R20-4-1530	45
Commercial Mortgage Bankers	A.R.S. Section 6-971 through 6-985 Rules R20-4-1901 through R20-4-1911	120
Consumer Lender	A.R.S. Section 6-601 through 6-675 Rules R20-4-501 through R20-4-536	120
Debt Management	A.R.S. Section 6-701 through 6-716 Rules R20-4-601 through R20-4-620	60
Deferred Presentment	A.R.S. Section 6-1251 through 6-1263	120
Escrow Agents	A.R.S. Section 6-801 through 6-847 Rules R20-4-701 through R20-4-706	120
Money Transmitters	A.R.S. Section 6-1201 through 6-1219	120
Mortgage Brokers	A.R.S. Section 6-901 through 6-910 Rules R20-4-901 through R20-4-926	120
Mortgage Bankers	A.R.S. Section 6-941 through 6-948 Rules R20-4-1801 through R20-4-1812	120
Motor Vehicle Time Sales Disclosure Act	A.R.S. Section 44-281 through 44-295	45
Premium Finance Companies	A.R.S. Section 6-1401 through 6-1419	120
Trust Companies	A.R.S. Section 6-851 through 6-867 Rules R20-4-801 through R20-4-816	150



Sales Finance/Motor Vehicle Dealer Application

Check List

Section 4

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Did You Remember To:

- ☐ Answer all questions
- ☐ Type or print all information on all documents
- ☐ Make copies of the completed application packet for your records
- ☐ Sign and notarize documents where applicable
- ☐ Include all forms required

Be sure you have included all of the following with your application if applicable.

- ☐ Application Fee for Sales Finance is \$800.00 **OR** Motor Vehicle Dealer \$300.00
- ☐ License Fee
- ☐ Articles Of Incorporation / Organization/Partnership Agreement
- ☐ Foreign Authority
- ☐ Trade Name Certificate
- ☐ Personal History (as outlined in #6 of application)
- ☐ W-9 Form/Request for Taxpayer Identification
- ☐ Copy of your Dealers License issued by Arizona Dept of Transportation (ADOT)

After You Have Been Licensed

Renewal Applications: Are mailed out 30 to 45 days before your renewal date. The completed renewal documents and fees must be received in our office not later than the last day of the licensing year. The Department suggest that you establish adequate internal procedures to follow up on the timely receipt and submission of the renewal application and fees. The Department mails the renewal forms as a courtesy to the licensee. It is the responsibility of the licensee to timely renew its license(s).

Sales Finance Renewal Fees: The renewal fee is **FIVE HUNDRED DOLLARS (\$500)** for the principal location and **TWO HUNDRED DOLLARS (\$200)** for each branch.

Motor Vehicle Dealer Renewal Fees: The renewal fee is **ONE HUNDRED FIFTY (\$150)** for the principal location only.

Address Change: To change the address of an office licensed by this Department you must immediately submit a letter of request for change and include the new telephone number. This letter must be sent with the original license and **FIFTY DOLLARS (\$50.00)** to the Licensing Division of this Department.

All Other Licensee Changes: Contact this Department immediately for instructions.



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Licensee Surrender Agreement

Section 05

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Licenses may be issued before the completion of the investigation process of your application. This is due to the delay in obtaining certain verification of information provided to the Department in your application package. Please read, sign and notarize this form and return with the application package.

I have read and completely understand the conditions relating to issuance of this license and agree to surrender upon demand the license issued by the Department of Financial Institutions of Arizona, if any negative or derogatory information of any type is discovered during the investigation of the license application. If asked to surrender the license, I will do so immediately and cease conducting the business activity relating to the license.

ACCEPTED

(Name of Company)

By: _____ (print) _____
(Signature of Principal Officer) (Name of Principal Signer)

Date: _____ (print) _____
(Title of Principal Signer)

NOTARIZATION OF SIGNATURE

State of _____)
) ss.
County of _____)

Subscribed and Sworn to before me, this _____ day of _____
year of _____ at _____
(City and State)

Notary Public

My Commission expires _____



Sales Finance/Motor Vehicle Dealer Application

Application

Section 06

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Application Must be Completed by Typewriter or Legibly Printed

APPLICATION FOR: (indicate **either** dealer **or** sales finance) if you are applying for both license types, **make copies** of these forms before you complete them. You are required to submit a complete application packet and **separate check** for each license type.

☐ Dealer Application Fee \$300.00 + Prorated License Fee

☐ New Cars

☐ Used Cars

☐ Other Explain _____

☐ Sales Finance Application Fee \$800.00 + Prorated License Fee

Filing as a: ☐ Corporation ☐ Partnership ☐ Limited Liability Company ☐ Individual ☐ Other

To The Superintendent Of Financial Institutions:

Application is hereby made for a license under the provisions of the Motor Vehicle Time Sales Disclosure Act, Title 44, Chapter 2.1, Article 1; Sections 44-281 through 44-295 A.R.S.

1. _____
Name of Dealership/Sales Finance Company (Furnish Corporate Title, trade or individual name under which business will be operated)
2. _____
Address of principal (MVD must be in Arizona) office where business is to be conducted Telephone _____
Business: Web Page Address _____ and _____ E-mail Address _____ Fax # _____
3. _____
Home Office (Furnish corporate name, street address and telephone. No PO Box address)
4. _____
Start date of dealership (MVD only)
5. _____ a. Date of Authorization to Conduct Business in Arizona _____
Date & Place of Incorporation (Applies to Foreign Corporations only)
6. Full name of owners or partners, or if a corporation or association, of the directors, trustees and principal officers, LLC members. (Provide separate sheet if more space is required) Total must equal 100% on ownership.

NAME	TITLE	OWNERSHIP %

Up to but no more than the top 5 highest ranking individuals above, must complete the attached personal history form.

7. State whether any officer, director, partner or individual has at any time been convicted of a crime in the state of Arizona or elsewhere? ☐ Yes ☐ No
(If yes, furnish complete details concerning dates, location, nature of crime, etc. on a separate sheet.)
8. If the applicant is a dealer, do you hold any part of your own installment contracts? ☐ Yes ☐ No
If yes, state total dollar amount _____.



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Application

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9. If the applicant is a dealer give the name and address of all banks, finance companies or persons to whom you sell retail installment contracts:

Name of Institution	Address

10. Will you engage in secondary motor vehicle finance transactions aka Title Loans or Sale lease-back transactions? ☐ Yes ☐ No

11. Has applicant **READ** and **UNDERSTAND** the grounds for denial, suspension or revocation of license as stated in Section 44-283 paragraphs A & B of the Motor Vehicle Time Sales Disclosure Act? ☐ Yes ☐ No

12. Contact Name: _____ Phone #: _____ Fax #: _____

AFFIDAVIT

Must Be Signed and Notarized

STATE OF _____)

) ss

COUNTY OF _____)

I _____, being duly sworn depose and say that I have signed the foregoing application as (official capacity) _____ of the above named applicant, having full authority to sign such application in said capacity, that I have read said application and that the information herein is true.

Date

Signature

Subscribed and sworn before me on this _____ day of _____ 20 _____.
(day) (month) (year)

Signature of Notary Public

(NOTARY SEAL)

My Commission Expires _____



Sales Finance/Motor Vehicle Dealer Application

Personal History Statement

Section 07

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The entries made in this form are subject to verification. **Insure that they are complete and accurate since providing false information or omitting significant information in this form is a criminal offense** The information entered herein is for official use only and will be maintained in confidence.

Legibly Print Or Type All Information. Do Not Leave ANY Blank Spaces- There Must Be An Answer Provided For Each Inquiry. Therefore, If Not Applicable Use "None" Or "N/A"

Do Not Add Attachments In Lieu Of Completing Our Forms. If additional space is needed after completing the space provided for an inquiry on our form then make additional copies of that page or attach a separate sheet if additional space is still necessary.

A. GENERAL:

1.

	Mr. Ms. Mrs.			
Position (Title/Owner/RI/AM etc.)	Circle One	Name: Last	First	Middle
2.

	()			
Residence Address: Street	City	State	Zip	Res. Phone:
3. Social Security Number: _____ Date of Birth: _____ Place of Birth: _____
4. Alias(es) Nicknames, or changes in name: _____ Maiden Name (if any): _____
5. Height: _____ Weight: _____ Color of Eyes: _____ Color of Hair: _____
6. Scars, Physical Defects, Distinguishing marks: _____
7. Drivers License No. & State of Issue: _____ **(Attach a Legible Photocopy of your License)**
8. Do you have a history of mental or nervous disorder? ☐ Yes ☐ No
9. Are you now or have you ever used or been addicted to the use of habit forming drugs such as narcotics or barbiturates? ☐ Yes ☐ No
10. Have you ever used any narcotic drug, dangerous drug, hallucinatory drug or any other substance deemed to be unlawful to possess or use? ☐ Yes ☐ No
11. Are you now or have you ever been a chronic user to excess of alcoholic beverages? ☐ Yes ☐ No
12. Has an order, injunction or judgment, whether or not final, been entered against you in a civil action on account of fraud, misrepresentation or deceit? ☐ Yes ☐ No
13. Have you filed bankruptcy within the last 15 years? If yes, attach a complete copy of the bankruptcy discharge. ☐ Yes ☐ No

If the answer to any of the above is "Yes", furnish complete details in "Remarks" Section "T" page 3.

14. Are you presently a member of a Military Reserve or National Guard Organization? ☐ Yes ☐ No
If "Yes", complete the following. Grade: _____ Unit and Location: _____

B. CRIMINAL RECORD:

Have you ever been;

1. detained, held, arrested, indicted, or summoned into court as a defendant in a criminal proceeding? ☐ Yes ☐ No
2. convicted, fined or imprisoned or placed on probation? ☐ Yes ☐ No
3. ordered to deposit bail or collateral for the violation of any law, ordinance, police regulation or military regulation? ☐ Yes ☐ No
4. detained, held or arrested for a traffic violation? ☐ Yes ☐ No

If the answer is "Yes" to ANY of the above questions, complete the following

Date	Offense	Location of Offense	Disposition

(Additional space available in "Remarks" Section "T" page 3)



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Personal History Statement

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C. EMPLOYMENT: (Show every employment you have had and all periods of employment for the past ten (10) years in chronological order with the most recent first. **You Must Include Complete Addresses**)

Date From / To	Name and Complete Address of Employer (include street, city, and zip) Resumes or Personal References – Are Not Accepted As Employment Verification	Position/ Title	Supervisor	Reason for Leaving

1. Did any of the above employment's require a security clearance?

☐ Yes ☐ No

2. Have you ever been refused Bond?

☐ Yes ☐ No

If the answer is "Yes", to either of the above explain in "Remarks" Section "T" page 3.

D. MEMBERSHIP: (in past and/or present organizations, show all memberships you have had for the past ten (10) years.)

Name of Organization	Type	Date From / To

E. EDUCATION: (Account for all schools attended other than primary grades K-8)

Dates From / To	Name and Location of School	Degree



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F. FAMILY: (Identify all family members, including children and siblings)

Relationship	Name	Current Address
Father:		
Mother:		
Spouse: (First and Maiden Name)		
Children/Brothers/Sisters:		

G. RESIDENCES: (Show all residences for the past ten (10) years in chronological order with the most recent first)

Date From / To	Street and Number and City	State and Zip

H. ATTACHMENTS:

1. Have you attached a **legible** copy of your drivers' license? ☐ Yes ☐ No
2. Have you attached your **completed** (according to the fingerprint card instructions) fingerprint card? ☐ Yes ☐ No
3. A letter of explanation and resolve of **any past or current derogatory credit or criminal issues**? ☐ Yes ☐ No ☐ N/A

If No, why not? _____

I. REMARKS: (Furnish complete details attach additional sheets if necessary)



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Personal History Statement

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Read, Sign & Notarize Both Top & Bottom Portion Of This Document

AFFIDAVIT

STATE OF _____)ss

COUNTY OF _____

I certify that the above entries made by me are true, complete, and correct to the best of my knowledge and belief.

(Date)

(Signature)

NOTARIZATION OF SIGNATURE

Subscribed and sworn to before me this _____ day of _____ 20 _____

My commission expires:

(Notary Public)

AFFIDAVIT (part 2)

STATE OF _____)ss

COUNTY OF _____

I, (Print Your Name) _____ in connection with
(Print Company Name) _____ and pursuant
to the provisions of the Arizona Revised Statutes, hereby authorize the Superintendent of Financial Institutions,
the Attorney General of Arizona and their agents, to examine or receive a copy of any record maintained by the
United States Armed Forces, or any Governmental Body, or any University, College or Board of Education of any
state, or any bank or credit agency, relating to me, in the same manner and to the same extent as if I personally
applied for the same, and I hereby authorize such records be disclosed or furnished in accordance with any request
made by or on behalf of the Superintendent of Financial Institutions, the Attorney General of Arizona or their
agents.

(Date)

(Signature)

NOTARIZATION OF SIGNATURE

Subscribed and sworn to before me this _____ day of _____ 20 _____

My commission expires:

(Notary Public)

DO NOT SEND TO IRS

Vendor MUST Print
or Type information

STATE OF ARIZONA

SUBSTITUTE W-9 & VENDOR AUTHORIZATION FORM

DO NOT SEND TO IRS

Vendor MUST Print
or Type information

☒ Taxpayer Identification Number (TIN) ☐ TIN Type ☐ Employer Identification Number (EIN) ☒ State of Arizona HRIS EIN
State of Arizona Employees ONLY

☒ Legal Name
Must match TIN above

☒ Entity Type Select one of the following

- ☐ Corporation (NOT providing health care, medical or legal services) (5A)
☐ Corporation (providing health care, medical or legal services) (5M)
☐ Partnership, LLP (5T)
☐ PLLC, LLC (5C)
☐ Individual/Sole Proprietor (6I)
☐ The US or any of its political subdivisions or instrumentalities (2G)
☐ A state, a possession of the US, or any of their political subdivisions or instrumentalities (4G)
☐ Tax-exempt organization under IRC §501 (5O)
☐ An international organization or any of its agencies or instrumentalities (5U)
☐ State of Arizona employee (1E)
☐ Other, Tax reportable entity (5P)

☒ Main Address Where tax information and general correspondence is to be mailed

DBA\Branch\Location

Address

Address continued

City

State

Zip code

☒ Remit to Address ☐ Same as Main

DBA\Branch\Location

Address

Address continued

City

State

Zip code

☒ Certification

Under Penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) AND
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding AND
3. I am a U.S. person (including U.S. resident alien).

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Signature

Title

Date

STATE OF ARIZONA AGENCY USE ONLY

VENDOR: DO NOT WRITE BELOW THIS LINE

AGY

Agency Authorization

Phone #

Date

STATE OF ARIZONA GAO USE ONLY

VENDOR & STATE AGENCY: DO NOT WRITE BELOW THIS LINE

☐ IRS TIN Matching☐ Corporation Commission☐ HRIS☐ Other☐ Other

Vendor Number

MC

Processed by

Date Processed